MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/540782** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1x				
3		1x				
4		1x				
5		1x				
6		1x				
7		1x				
8		1x				
9	1					
10		1x				
11		1x				
12		1x				
13		1x				
14		1x				
15		1x				
16		1x				
17		1x				
18		1x				
19		1x				
20		1x				
21		1x				
22		1x				
23		1x				
24	1					
25		1x				
26		1x				
27		1x				
28		1x				
29		1x				
30		1x				
31		1x				
32		1x				
33		1x				
34		1x				
35		1x				
36		1x				
37		1x				
38		1x				
39		1x				
40		1x				
41	1					
42		1x				
43		1x				
44		1x				
45		1x				
46	1					
47		1x				
48		1x				
49		3				
50		3				
TOTAL IND.	9					
TOTAL DEP.	58					
TOTAL CLAIMS	67					

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
51		3				
52		3				
53		3				
54	1					
55	1					
56	1					
57	1					
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						